



# Certificate of Need Program

## EXPEDITED LTC BED REPLACEMENT/EXPANSION APPLICATION

Applicant's Completeness Checklist and Table of Contents

Project Name: Oakdale Residential Care II A Purchase of 6 RCF Beds

Project No.: 4494 RP

Project Description: LTC Expansion of 6 RCF beds

**CERTIFICATE OF NEED PROGRAM**

Done Page N/A Description of CON Rulebook Contents

APR 01 2010

### Divider I. Application Summary:

- ☒ 1 ☐ 1. Applicant Identification and Certification (Form MO 580-1861).  
☒ 2 ☐ 2. Representative Registration (Form MO 580-1869).  
☒ 3 ☐ 3. Proposed Project Budget (Form MO 580-1863) and detail sheet.

**RECEIVED**

### Divider II. Proposal Description:

- ☒ 4 ☐ 1. Provide a complete detailed project description.  
☒ 5 ☐ 2. Provide preliminary schematic drawings for the proposed project.  
☒ 4 ☐ 3. Provide the existing and proposed gross square footage.  
☒ 0-6 ☐ 4. Document ownership of the project site.

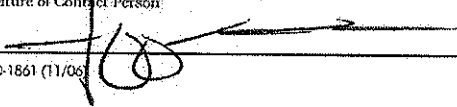
### Divider III. Community Need Criteria and Standards:

- ☐ N/A ☐ 1. If the proposal is to relocate RCF/ALF beds within 6-mile radius in accordance with §197.318.8(4) provide the following:  
- Documentation that all facilities involved are under the same licensure ownership or control;  
☐ N/A ☐ - Documentation that all facilities involved are within the 6-mile limit; and  
☐ N/A ☐ - Documentation that all owners and operators of the facility from which the beds are being transferred are aware of the proposal and consent to it.
- ☐ N/A ☐ 2. If the proposal is to replace one-half of a qualifying licensed facility's beds within a 30-mile radius in accordance with §197.318.9 provide the following:  
☐ N/A ☐ - Documentation that the facility has only been operating 50% of its licensed capacity with every resident residing in a private room and all vacant beds have been reported to the Division of Regulation and Licensure as unavailable for occupancy for at least the most recent four consecutive calendar quarters;  
☐ N/A ☐ - Documentation that the replacement beds shall be built to private room specifications and only used for single occupancy; and  
☐ N/A ☐ - Documentation that the existing and proposed facilities have the same owner or owners, and that the owner or owners stipulate that the beds to be replaced shall not be used later for long term care; if the existing facility is being operated under a lease, both the lessee and owner shall stipulate the same.
- ☐ N/A ☐ 3. If the proposal is to replace a facility in its entirety at a single site within a 15-mile radius in accordance with §197.318.10 provide the following:  
☐ N/A ☐ - Documentation that all facilities involved are within the 15-mile limit; and  
☐ N/A ☐ - Documentation that the existing facility and the proposed facility have the same owner or owners with a written stipulation that the facility to be replaced will not be used later for long term care.
- ☒ 7-12 ☐ 4. If the proposal is to expand under provisions of §197.318.1 and the effort to purchase has been successful provide:  
☒ 12 ☐ - Purchase Agreement Form(s) (MO 580-2532); and  
☐ 12 ☐ - A copy of the selling facility's reissued licensed verifying surrender of beds sold.
- ☐ 12 ☐ 5. If the proposal is to expand under provisions of §197.318.1 and effort(s) to purchase have been unsuccessful, provide Purchase Agreement Form(s) (MO 580-2532) verifying unsuccessful effort(s) to purchase.



## Certificate of Need Program

**APPLICANT IDENTIFICATION AND CERTIFICATION**

<i>(must match the Letter of Intent for this project, without exception)</i>			
<b>1. Project Location</b> <i>(attach additional pages as necessary to identify multiple project sites.)</i>			
Title of Proposed Project Oakdale Residential Care IIA Purchase of 6 RCF Beds		Project Number <b>4494 RP</b>	
Project Address (Street/City/State/Zip Code) P.O. Box 340 / 2704 Debbie Lane, Poplar Bluff, MO. 63901		County <b>Butler</b>	
<b>2. Applicant Identification</b> <i>(information must agree with previously submitted Letter of Intent)</i>			
<b>List All Owner(s):</b> <i>(list corporate entity)</i>	Address (Street/City/State/Zip Code)	Telephone Number	
Oakdale Development Inc.	P.O. Box 340 / 2702 Debbie Lane Poplar Bluff, MO. 63902	573/686-5242	
<b>List All Operator(s):</b> <i>(list entity to be licensed or certified)</i>	Address (Street/City/State/Zip Code)	Telephone Number	
Oakdale Development Inc.	P.O. Box 340 / 2702 Debbie Lane Poplar Bluff, MO. 63902	573/686-5242	
<b>3. Ownership</b> <i>(Check applicable category)</i>			
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> City	<input type="checkbox"/> District
<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> County	<input type="checkbox"/> Other: _____
<b>4. Certification:</b>			
In submitting this project application, the applicant understands that:			
(A) The review will be made as to the community need for the proposed beds or equipment in this application;			
(B) In determining community need, the Missouri Health Facilities Review Committee (Committee) will consider all similar beds or equipment within;			
(C) The issuance of a Certificate of Need (CON) by the Committee depends on conformance with its Rules and CON statute;			
(D) A CON shall be subject to forfeiture for failure to incur an expenditure on any approved project six (6) months after the date of issuance, unless obligated or extended by the Committee for an additional six (6) months;			
(E) Notification will be provided to the CON Program staff if and when the project is abandoned; and			
(F) A CON, if issued, may not be transferred, relocated, or modified except with the consent of the Committee.			
We certify the information and data in this application as accurate to the best of our knowledge and belief by our representative's signature below:			
<b>5. Authorized Contact Person</b> <i>(attach a Contact Person Correction Form if different from the Letter of Intent)</i>			
Name of Contact Person Jeff Newman		Title Administrator	
Telephone Number 573/686-5242	Fax Number 573/686-3637	E-mail Address Oakdale@sheltonbbs.com	
Signature of Contact Person 		Date of Signature 3-30-10	



## Certificate of Need Program

**REPRESENTATIVE REGISTRATION**(A registration form must be completed for **each** project represented)

Project Name Oakdale Residential Care II A Purchase of 6 RCF Beds	Number <b>4494RP</b>
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(Please type or print legibly)

Name of Representative Jeff Newman	Title Administrator
---------------------------------------	------------------------

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Oakdale Development Inc.	Telephone Number 573-686-5242
---	----------------------------------

Address (Street/City/State/Zip Code) P.O. Box 340 / 2702 Debbie Lane Poplar Bluff, MO. 63902
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Who's interests are being represented?  
(If more than one, submit a separate Representative Registration Form for each.)

Name of Individual/Agency/Corporation/Organization being Represented Oakdale Development Inc. / DBA Oakdale Residential Care IIA	Telephone Number 573/686-5242
---	----------------------------------

Address (Street/City/State/Zip Code) P.O. Box 340 / 2702 Debbie Lane Poplar Bluff, MO. 63902
---

Check one. Do you:

- ☒ Support  
☐ Oppose  
☐ Neutral

Relationship to Project:

- ☐ None  
☒ Employee  
☐ Legal Counsel  
☐ Consultant  
☐ Lobbyist  
☐ Other (explain):

Other information:

I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in §105.478, RSMo.

Original Signature 	Date 03/30/10
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## Certificate of Need Program

**PROPOSED PROJECT BUDGET****Description****Dollars****COSTS:\***

1. New Construction Costs ***	\$103,125
2. Renovation Costs ***	1,509
<b>3. Subtotal Construction Costs (#1 plus #2)</b>	<b>\$104,634</b>
4. Architectural/Engineering Fees	\$1,125
5. Other Equipment (not in construction contract)	3,000
6. Major Medical Equipment	0
7. Land Acquisition Costs ***	0
8. Consultants' Fees/Legal Fees ***	1,125
9. Interest During Construction (net of interest earned) ***	0
10. Other Costs ****	12,000
<b>11. Subtotal Non-Construction Costs (sum of #4 through #10)</b>	<b>\$17,250</b>
<b>12. Total Project Development Costs (#3 plus #11)</b>	<b>\$121,884 **</b>
<b>FINANCING:</b>	
13. Unrestricted Funds	\$0
14. Bonds	0
15. Loans	0
16. Other Methods (specify) <u>OWNER Equity</u>	0
<b>17. Total Project Financing (sum of #13 through #16)</b>	<b>\$0 **</b>

18. New Construction Total Square Footage	4,506
19. New Construction Costs Per Square Foot *****	23.
20. Renovated Space Total Square Footage	526
21. Renovated Space Costs Per Square Foot *****	2.87

\* Attach additional page(s) to provide details of how each line item was determined, including all methods and assumptions used.

\*\* These amounts should be the same.

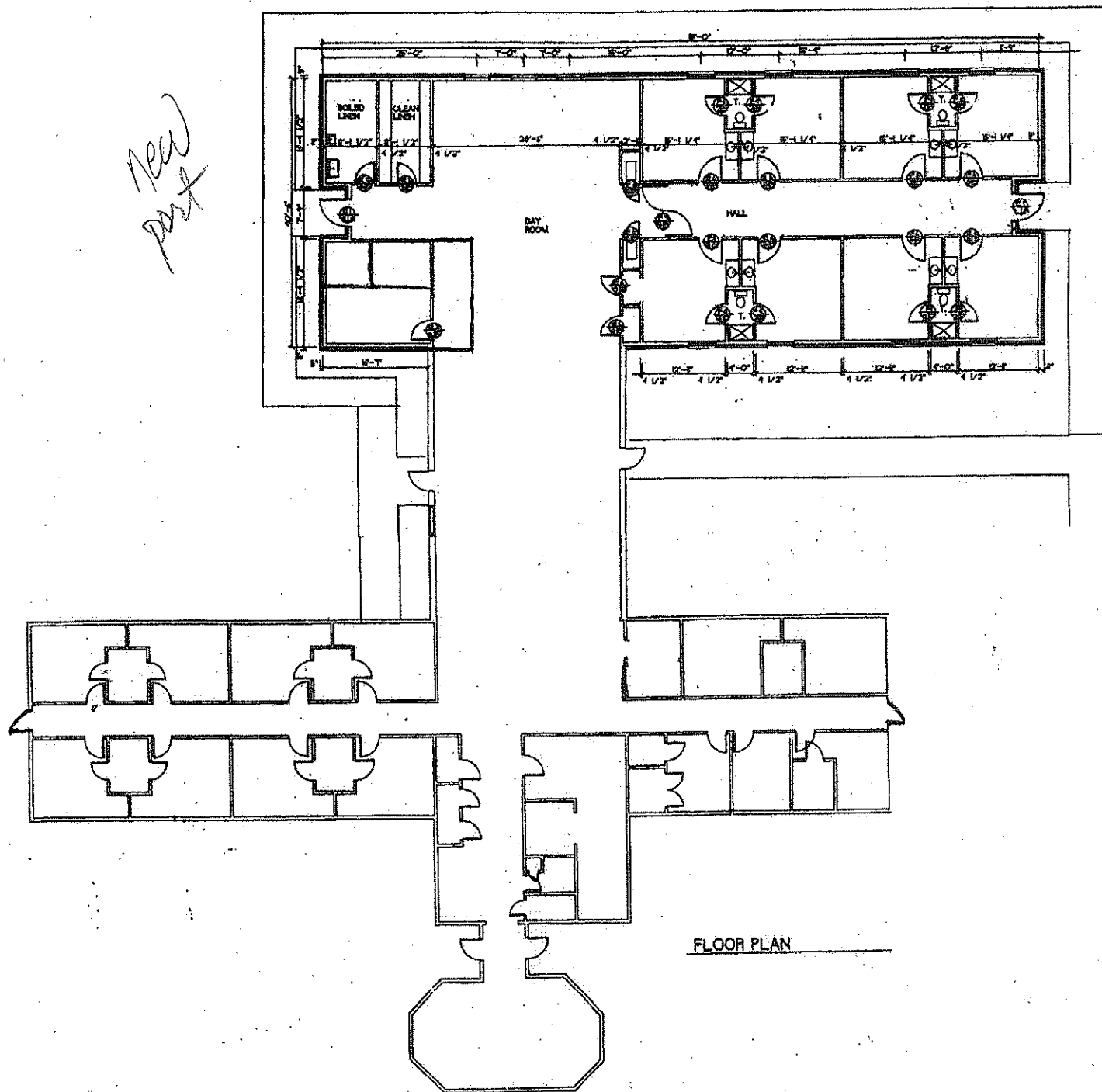
\*\*\* Capitalizable items to be recognized as capital expenditures after project completion.

\*\*\*\* Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, current book value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.

\*\*\*\*\* Divide new construction costs by total new construction square footage.

\*\*\*\*\* Divide renovation costs by total renovation square footage.

New part



FLOOR PLAN



Skilled Nursing, Assisted Living & Residential Care

P.O. Box 340 • Poplar Bluff, MO 63902  
(573) 686-5242 • Fax (573) 686-3637  
oakdale@sheltonbbs.com

March 30, 2010

Tomas R Piper, Director  
Certificate of Need Program  
Missouri Health Facilities Review Committee  
P.O. Box 570,  
Jefferson City, Mo. 65102

Subject: # 4494RP: Oakdale Residential Care IIA  
Purchase of 6-RCF Beds

**Projection Description:**

To offset the cost of adding a sprinkler system that is mandated by 12/2012, we would like to increase the facility size by adding 4,506 square feet. The current square footage is 6,020. This addition will include 8 semi private rooms, 4 additional bathrooms, clean and dirty laundry, nurses station, medication room and additional dining area. We would like to purchase 6 additional beds at this time. The cost of this addition has been separated into 16 additional beds. This is the total number of beds that would be available once the project is completed. The seller is only willing to sell 6 beds. The remodeling cost includes the moving of the current nurse's station and relocating an office to the current nurse's station. These costs have also been separated by 16 additional beds, because the current nurse's station would not have the available space for an additional 16 residents.

**Preliminary Schematic Drawing:**

Attached with approval letter from DHSS.

**Proposed Gross Square footage**

4506 Square feet divided by 16 beds 281.63 each bed.

**Ownership of project site.**

See Attached.

Sincerely,

  
Jeff Newman  
Administrator



# LTC Facility Expansion CERTIFICATION

by the Division of Regulation and Licensure, DHSS

## Part I: Facility Information

Name of Facility: Oakdale Residential Care, IIA

Address (no PO Box): 2704 Debbie Lane, PO Box 340

City, State, Zip, County: Poplar Bluff, MO 63902 (Butler County)

Number and Type of Beds: 22 ☒ RCF/ALF (check RCF/ALF for residential care facility or assisted living facility or ICF/SNF for intermediate care and skilled nursing facility) ☐ ICF/SNF

Owner(s): Oakdale Development, Inc.

Operator(s): Oakdale Development, Inc.

Project Number: 4494 RP Date LOI Filed: March 1, 2010

## Part II: Quarterly RCF/ALF/ICF/SNF Bed Occupancy Rate

Occupancy statistics for this facility for the most recent six consecutive calendar quarters prior to the LOI date shown above:

(circle appropriate quarter, insert the Calendar Year (CY), and complete information below)

Qtr 1 2 3 4 CY 08: 91.8% Qtr 1 2 3 4 CY 08: 80.9% Qtr 1 2 3 4 CY 09: 95.7%

Qtr 1 2 3 4 CY 08: 97.4% Qtr 1 2 3 4 CY 09: 96.0% Qtr 1 2 3 4 CY 09: 93%

Six-quarter average: 92.4%

☒ Yes ☐ No

For expansion through the **purchase** of beds, based on the Division of Regulation and Licensure's (DRL) Quarterly Survey Data, the 90% bed occupancy requirement has been met.

☐ Yes ☐ No

For expansion through the **addition** of beds, based on the DRL's Quarterly Survey Data, the 92% bed occupancy requirement has been met for under 40 LTC beds, or 93% for 40 bed or more LTC beds (see above).

## Part III: Deficiencies

☒ Yes ☐ No

For expansion through the **purchase** or **addition** of beds, based on the DRL's annual facility survey, the above-named facility meets the requirement of not having any final Class I patient care deficiencies during the past 18 months.

## Part IV: Certification of Information

Statement: The above information is an accurate representation of the findings by the DRL in accordance with appropriate CON rules.

Signature: [Signature]

Title/Date: Program Manager 3/11/2010



**Missouri Department of Health and Senior Services**

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010  
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

**Margaret T. Donnelly**  
Director



**Jeremiah W. (Jay) Nixon**  
Governor

January 27, 2010

Jeff Newman, Administrator  
Oakdale Care Center  
P.O. Box 340  
Poplar Bluff, MO 63902

RE: Proposed 16-Bed Addition  
Oakdale Care Center  
Poplar Bluff, MO  
RCF-1587

Dear Mr. Newman:

Working drawings for the proposed 16-bed addition were reviewed in this office on January 26, 2010.

These plans were approved with the followings conditions:

1. Working drawing and calculations shall be submitted to this office prior to the installation of the sprinkler system.
2. Doors in the smoke barrier wall are shown as 3 foot, 1 ¾ inch doors (type E). These should be a type G as shown on the door schedule.
3. Verify the HVAC system balance in the new area. According to my calculations the supply is approximately 400 cfm greater than the return.
4. Smoke detection in the addition must meet the following to comply with the regulations and NFPA 72. Smoke detectors must be placed within 21 feet, measured horizontally, to any point on the ceiling. Smoke detection must be placed within one to five feet of any smoke separation wall in the corridor. In both cases these items were exceeded according the drawings submitted.

Contact this office when the construction is started and for an interim inspection at approximately 60% completion. If you have any questions, feel free to contact me at 573-526-8515.

Sincerely,

Tracy Cleeton  
LSC Consultant  
Engineering Consultation Unit

CC: Elizabeth Harris, Region 2; Kevin Notz, Division of Fire Safety

[www.dhss.mo.gov](http://www.dhss.mo.gov)

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.



## GENERAL WARRANTY DEED

THIS INDENTURE, Made on the 21st day of January,  
A. D. One Thousand Nine Hundred and Eighty-Eight by and between  
Willard L. Allison and Janice P. Allison, his wife, and Richard L. Kneibert and  
Frances E. Kneibert, his wife, and William D. Stewart and Martha J. Stewart, his wife,

of the County of Butler in the State of Missouri, Parties  
of the First Part, and Oakdale Development, Inc., A Missouri Corporation,

of the County of Butler in the State of Missouri, Party  
of the Second Part (mailing address of said first named grantee is

521 Cleveland, Poplar Bluff, Missouri 63901 ):

WITNESSETH, That the said parties of the First Part, in consideration of the sum of

Ten Dollars and other good and valuable consideration ~~to them~~

to them paid by the said party of the Second Part, the receipt of which is hereby acknowledged,  
do by these presents, Grant, Bargain and Sell, Convey and Confirm unto the said party of the  
Second Part, its heirs and assigns, the following described Lots, Tracts or Parcels of Land,  
lying, being and situate in the County of Butler and State of Missouri

to-wit: ~~add~~

All of Lots One (1), Three (3), Four (4), Five (5), Six (6), Seven (7),  
Eight (8), Nine (9) and Ten (10) of Oak Dale Estates as shown by the plat  
of same on file in the office of the Recorder of Deeds in and for Butler  
County, Missouri.

EXCEPT that part of Lot Ten (10) conveyed to the City of Poplar Bluff by  
Quit Claim Deed dated October 7, 1980, and recorded in Book 610 at Page 916  
in the office of the Recorder of Deeds in and for said County.

ALSO EXCEPT all easements.

(Description Provided)

**CONTRACT FOR SALE**  
**OF LICENSE**

THIS AGREEMENT entered into this 26 day of February 2010, by and between **PILKENTON RESIDENTIAL CARE**, hereinafter referred to as SELLER and **OAKDALE DEVELOPMENT, INC.**, hereinafter referred to as BUYER.

**WITNESSETH:**

**WHEREAS**, the SELLER agrees to sell and the BUYER agrees to buy, upon the following terms and conditions, a license for the use of licensed residential care facility beds as listed hereinafter; and,

**WHEREAS**, the parties desire to enter into this contract setting forth the rights and responsibilities of each party with respect to said transaction.

**NOW, THEREFORE**, in consideration of the mutual covenants as hereinafter stated, the parties agree as follows:

1. That the SELLER agrees to sell and the BUYER agrees to buy, upon the following terms and conditions, a license for the use of the following property, to wit:

**Six (6) Residential Care Facility Beds**

2. The purchase price is **TWELVE THOUSAND AND 00/100 DOLLARS (\$12,000.00)**, with the balance due at closing; at which time possession of the license shall be transferred to BUYER.
3. This contract shall be binding upon the heirs, administrators, successors and assigns of the parties hereto.
4. The parties hereto agree and acknowledge that the BUYER accepts the above-



Certificate of Need Program  
**PURCHASE AGREEMENT**

**Part I: Purchasing Facility Information**

Name of Facility: Oakdale Residential Care IIA  
Address (no PO Box): 2704 Debbie Lane  
City, State, Zip, County: Poplar Bluff, MO 63901 Butler  
Number/Type Licensed Beds: 6 ☒ RCF/ALF (check RCF/ALF for residential care and assisted living facility or ICF/SNF for intermediate care and skilled nursing facility)  
☐ ICF/SNF  
Owner(s): Oakdale Development Inc.  
Operator(s): Oakdale Development Inc.

**Part II: Selling Facility Information**

Name of Facility: Pilkenton Residential Care  
Address (no PO Box): 81 Pilkenton Lane  
City, State, Zip, County: Cuba MO 65453 Crawford  
Number/Type Licensed Beds: 6 ☒ RCF/ALF (check RCF/ALF for residential care and assisted living facility or ICF/SNF for intermediate care and skilled nursing facility)  
☐ ICF/SNF  
Owner(s): Larry & Sharon Pilkenton  
Operator(s): Larry & Sharon Pilkenton

**Part III: Value of Consideration**

Monetary Value of Purchase: \$ 12,000 No./Type Beds: 6 RCF  
Terms of Purchase: See Attached Contract  
*(add more pages as necessary to describe the sale)*

**Part IV: Certification of Information**

☒ Yes ☐ No The above Purchaser and Seller have agreed to these purchase terms.

Purchaser Signature: Willard Allison  
Title/Date: President 2-26-10  
Seller(s) Signature(s): Owner(s): Larry & Sharon Pilkenton  
Operator(s): President  
Title/Date: President 3-9-10

TO HAVE AND TO HOLD the premises aforesaid with all and singular the rights, privileges, appurtenances and immunities thereto belonging or in anywise appertaining unto the said party of the Second Part, and its heirs and assigns, FOREVER, the said Parties of the First Part

hereby covenanting that they are lawfully seized of an indefeasible Estate in Fee in the premises herein conveyed; that they have good right to convey the same; and that the said premises are free and clear of any encumbrance done or suffered by them or those under whom they claim, and that they will WARRANT AND DEFEND the title to the said premises unto the said party of the Second Part, and unto its heirs and assigns, FOREVER, against the lawful claims and demands of all persons whomsoever.

IN WITNESS WHEREOF, The said parties of the First Part have hereunto set their hands the day and year first above written.

Signed and delivered in presence of us,

*Willard L. Allison* Willard L. Allison  
*Janice P. Allison* Janice P. Allison  
*Richard L. Kneibert* Richard L. Kneibert  
*Frances E. Kneibert* Frances E. Kneibert  
*William D. Stewart* William D. Stewart  
*Martha J. Stewart* Martha J. Stewart

Prepared By:

MARK L. RICHARDSON  
Attorney at Law  
306 Vine Street  
P.O. Box 310  
Poplar Bluff, MO 63901-0310

STATE OF MISSOURI,  
COUNTY OF BUTLER  
before me personally appeared Willard L. Allison  
and Janice P. Allison

On this 21st day of January, 1988

his wife, to me known to be the persons described in and who executed the foregoing instrument and acknowledged that they executed the same as their free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at my office in Poplar Bluff, Missouri, the day and year first above written.  
January 18, 1992  
My term expires

*Vicky L. Groves* Notary Public  
Vicky L. Groves

STATE OF MISSOURI,  
COUNTY OF BUTLER  
before me personally appeared Richard L. Kneibert  
and Frances E. Kneibert

On this 21st day of January, 1988

his wife, to me known to be the persons described in and who executed the foregoing instrument and acknowledged that they executed the same as their free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at my office in Poplar Bluff, Missouri, the day and year first above written.  
January 18, 1992  
My term expires

*Vicky L. Groves* Notary Public  
Vicky L. Groves

STATE OF MISSOURI,  
COUNTY OF BUTLER  
before me personally appeared  
and Martha J. Stewart

On this 21st day of January, 1988

William D. Stewart

his wife, to me known to be the persons described in and who executed the foregoing instrument and

IN TESTIMONY WHEREOF, I have hereunto set my hand and placed my official seal in  
my office in Poplar Bluff, Missouri, the day and year first above written  
My term expires January 18, 19 92

*Vicky L. Groves*  
Vicky L. Groves Notary Public

**General Warranty Deed**

FROM

Allison, Kneibert & Stewart

Et al.

TO

Oakdale Development, Inc.

Et al.

Filed for record this

*3rd*  
of *February* 1992

at *Poplar Bluff, Missouri*  
*Robert L. Stewart*  
Recorder

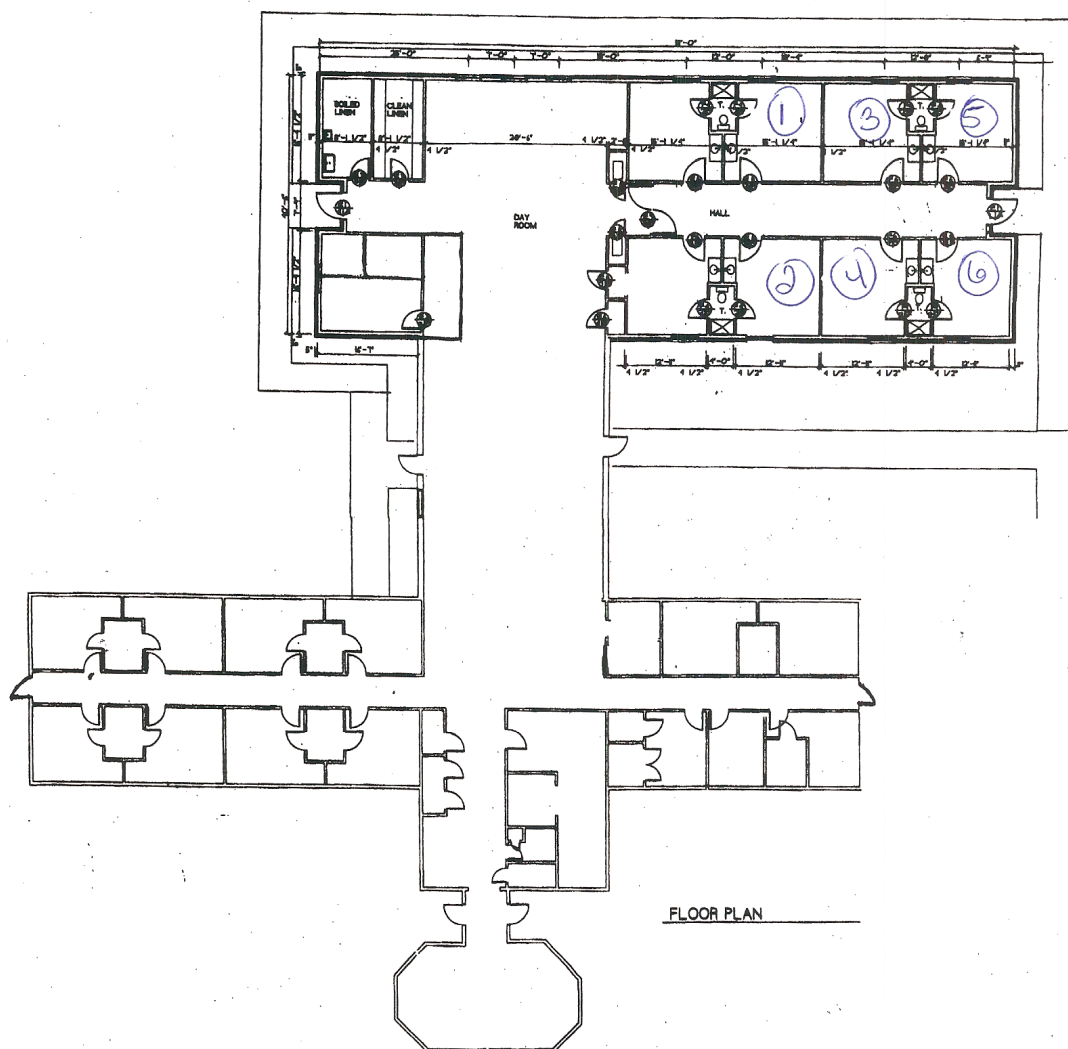
BOOK 688 PAGE 156

ACKNOWLEDGMENT OF  
*ALLISON, KNEIBERT & STEWART*

This Deed should be recorded without delay, as a failure  
to record may seriously impair the title to the property

*1700g*

RETURN TO: MORGENTHAU BANK



FLOOR PLAN

# State of Missouri



## Department of Health and Senior Services Division of Regulation and Licensure

### License

LARRY P PILKENTON

Operator

Is Hereby Granted this License to Operate A / An

### Residential Care Facility

Pursuant to Chapter 198 RSMo

PILKENTON RESIDENTIAL CARE CENTER

Name of Facility

81 PILKENTON LANE, CUBA, MISSOURI 65453

Location

TYPE OF LICENSE: **AMENDED RELICENSURE**

MAXIMUM BED CAPACITY: **18**

LICENSE NUMBER **037503**

EFFECTIVE DATE **06/22/2009**

EXPIRATION DATE **06/21/2011**

BED DECREASE EFFECTIVE 03/23/2010

SECTION ADMINISTRATOR

SECTION FOR LONG TERM CARE REGULATION

## ***Allison Construction Co., Inc.***

Willard Allison, President  
General Contractors


820 North F Street  
Poplar Bluff, MO 63901  
Phone (573) 785-9422  
Fax (573) 785-9487

**April 21, 2010**

**To Whom It May Concern:**

**Please be advised that Oakdale Care Center has paid \$275,000. to Allison Construction Company, Inc. for the 4506 sf addition to the RCF building per contract. This amount has been paid in full. There are no outstanding bills due on this project.**

**Sincerely,**



**Glenda Seawright  
Accounts Payable/Receivable**